

October 1994

# Clinical Center News

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PATIENT  
INFORMATION.



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**confidentiality**

IT'S EVERYBODY'S BUSINESS!

CONFIDENTIALITY EDUCATION GROUP

## Confidentiality

It's everybody's business. That's the theme for the CC Confidentiality Education Group's latest poster campaign. A four-poster series, spread out over the coming months, will soon grace shadowboxes throughout the Clinical Center. Watch for these colorful posters and their practical reminders about safeguarding patient confidentiality. For more information, call 496-2563.

## Video helps new patients learn their way about the CC

A new video premieres this month in the Outpatient Department to help Clinical Center patients learn what to expect during their hospitalization.

"The video's message to new patients," explains Steve Groban, chief of the Outpatient Department, "is that they will be taken care of and that there is an answer to every one of their questions."

The 10-minute video, developed as a QT project and produced by Clinical Center Communications, the Outpatient Department, and the NIH Medical Arts and Photography Branch, details a patient's introduction to the Clinical Center.

"Coming to this or any hospital is stressful for most patients," says Johnnell Branch, program management officer, Outpatient Department. "The video is designed to help alleviate that stress by answering the questions that are in the patient's mind."

Admissions clerks had observed that new and returning patients and families often had questions about what to expect during and just after admission, Diane Jenifer, QT team member, points out. Those observations provided the foundation for the QT project. The QT team went on to survey patients about what they'd like to know up front about being a patient here, and the video was scripted to cover those issues.

On the QT team developing the



project were Outpatient Department members Marlene Clark, Gequetta Hicks, Liz Horwitz, Michael Parker, Pearl Solomon, Janice Williams, and Jenifer.

CC staffers appearing in the video are Larry Bauer and Suzanne Dolan, Nursing Department; Dottie Cirelli, Office of the Director; Debbie Dozier-Hall, Social Work Department; Rhonda Hewitt, Wilbert Manuel, and Diane Jenifer, Outpatient Department; Eddie King, Housekeeping and Fabric Care Department; and Virginia Moss, Nutrition Department. Also appearing are Elizabeth Zosso and Ken Ryland, NIH Medical Arts and Photography Branch.



# Baylor researcher to deliver first Pittman lecture

A scientist recognized internationally for her pioneering work in contraceptive vaccines has been selected to deliver the first Margaret Pittman Lecture, a new NIH series that honors outstanding women scientists.

Dr. Bonnie S. Dunbar, professor of cell biology and obstetrics and gynecology at Baylor College of Medicine in Houston, will speak on "New Frontiers in Reproductive Biology and Contraceptive Vaccines" at 3 p.m. on Oct. 26 in Masur Auditorium.

Guiding the development of the Pittman lectureship series is the NIH Women Scientists Advisory Committee, a group that advises scientific directors on matters pertaining to the role of women scientists at NIH.

This lectureship honors Dr. Margaret Pittman, the first woman to hold the position of laboratory chief at NIH, explains Dr. Susan Swedo, women scientists advisory committee chair and acting deputy scientific director of NIMH. "She exemplifies the best in scientific investigation and her pioneering work in vaccine development has left a lasting mark on health care worldwide. We are honored to have Dr. Dunbar deliver the first lecture. Her work in contraceptive vaccine research could have the same far-reaching impact on the quality of health and life."

Dr. Dunbar is noted for her work in developing contraceptive vaccines. "In humans the research is geared toward developing a vaccine using antibodies to keep the sperm from binding to and fertilizing the egg," Dr. Dunbar explains. "The vaccine under development is being designed so that it is effective but will not affect the ovary or alter normal hormone levels."

Another form of the vaccine is being developed for animal sterilization. It is a humane alternative to surgical spaying of dogs and cats,



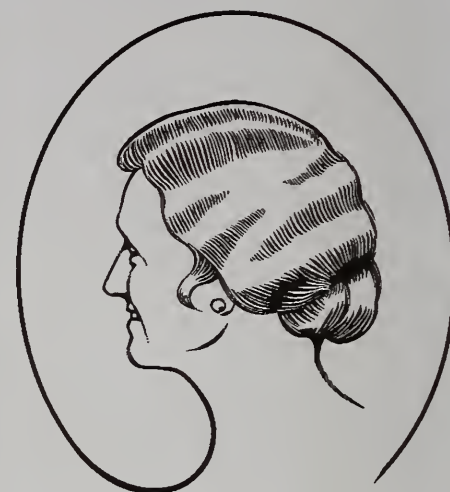
**Dr. Bonnie Dunbar (left), professor of cell biology and obstetrics and gynecology at Baylor College of Medicine, will deliver the first Margaret Pittman Lecture at NIH on Oct. 26. Dr. Pittman, first woman lab chief at NIH, is depicted at right.**

for example, and to slaying of animals such as elephants because of over population in restricted habitats, Dr. Dunbar adds.

This vaccine works by wiping out ovarian follicular development. The desired result for this vaccine in most animals, she says, is permanent sterilization and blockage of estrus. The vaccine is developed from proteins from the zona pellucida. The zona pellucida, literally the zone that allows the passage of light, is the coating that surrounds the oocytes, ovulated eggs, and embryos before they are implanted.

Dr. Dunbar has demonstrated that a vaccine made from zona pellucida proteins can trigger an immune response that destroys the ovarian follicles in several species of mammals. "Our current studies are to identify which protein and which form of protein produced by recombinant DNA technology are as effective as the native protein."

Dr. Dunbar earned her bachelor's degree in zoology and master's degree in physiology at the University of Colorado, Boulder, and the Ph.D. in zoology at the University of Tennessee, Knoxville. She did postdoctoral work at the University



of California at Davis in biochemistry and biophysics. Prior to joining the Baylor medical school faculty in 1981, Dr. Dunbar was staff scientist for the Population Council at the Rockefeller University in New York.

The lecture series honors Dr. Pittman who was named, in 1958, chief of the Laboratory of Bacterial Products in the Division of Biological Standards, which was at the time a part of NIH. She is noted for her significant contributions to microbiology, including devising serological typing methods for identifying *Hemophilus*, and for vaccine development, especially for her work in pertussis and tetanus toxin vaccines.

A native of Prairie Grove, Ark., Dr. Pittman earned the master's and Ph.D. degrees in bacteriology at the University of Chicago. She came to NIH in 1936 and retired in 1971. After her retirement she continued to serve as consultant to medical and scientific organizations around the world and was a guest worker for the Division of Biologic Standards of the Food and Drug Administration's Center for Drugs and Biologics.

—by Sara Rand Byars

Clinical Center  
**News**

Editor: Sara Rand Byars

Clinical Center News, Building 10, Room 1C255, National Institutes of Health, Bethesda, Maryland 20892. (301) 496-2563. Fax: 402-2984. Published monthly by the Office of Clinical Center Communications, Colleen Henriksen, chief, for CC employees. News, article ideas, calendar events, letters, and photographs are welcome. Deadline for submissions is the second Monday of each month.



## Physical therapists host health fair

October is National Physical Therapy Month. Celebrate Oct. 12 by attending a health fair sponsored by the physical therapy section, CC Department of Rehabilitation Medicine.

The fair is set for 10 a.m.-2 p.m. in the Visitor Information Center at the Clinical Center.

In keeping with the month's theme, "Posture Yourself for Good Health," the fair will feature tips on posture, workstation ergonomics, and back care. CC physical therapists will supervise activities at each demonstration station.

Those attending are eligible for door prizes, including T-shirts, pens, water bottles, and magnets.

## Pharmacists' week spotlights varied roles

"Communication is Good Medicine" is theme of National Pharmacy Week Oct. 23-29.

It emphasizes the importance of a dialog between the patients and NIH pharmacists. The pharmacists at NIH are enhancing and expanding their role in counseling and patient care through the use of innovative service strategies and technology such as integrated, quick-access information systems and private consultations with patients.

The results are improved treatment, proactive prescription recommendations, and optimum drug therapy outcomes.

## Joint Commission visit set for Oct. 27-31

The Joint Commission on Accreditation of Healthcare Organizations will survey the Clinical Center Oct. 27-31. A major focus of the survey process this year will be interviews with hospital employees.

Employees should be familiar with hospital policies and procedures, performance and quality improvement activities, and safety issues.

Watch for JCAHO Survey Updates that will be distributed to all employees throughout October. The



## Receipts garner school supplies

The Clinical Center school participates in the equipment-for-receipts exchange program offered through local stores. Last year the program was able to purchase books and software programs through the program. To participate this year, drop off or send Safeway or Giant receipts to room 10S235. The school is classroom for more than 300 students a year, all CC patients. Seated is program teacher Helen Mays. With her are (from left) teachers Phyllis Siegrist, Ann Davidson, Anne Wasson, and Susan Job.

Updates, produced by the Clinical Center's JCAHO Work Group, will provide information every CC and institute employee needs to know in preparation for the survey.

The Joint Commission is a private, not-for-profit organization that evaluates and accredits more than 8,000 hospitals and health-care organizations each year.

The group's mission is to improve the quality of health care provided to the public. They evaluate how well a hospital carries out its work based on an established set of standards.

## OR tours offered

Want an up-close look at the operating room? You'll have your chance on Nov. 4 when the Surgical Services Department salutes operating-room nursing with departmental tours.

The event will feature a hands-

on display of instruments, equipment, protective gear, and comfort devices for patients.

To participate, meet at the special events office, room 1C174. Tours will begin at 11 a.m., noon, and 1 p.m.

## cc factoids

The Clinical Center's Medical Record Department currently maintains 42,116 active patient medical records for NIH; documentation for more than 1,200 credentialed clinical staff physicians; and 970 active protocols.

Since the Clinical Center opened in 1953, there have been 215,870 patient medical records created here. The department handles an average of 5,700 requests for copies of medical records each year. That's 472 requests each month.



# Unsheathing the mystery of acupuncture

Margaret Clark has fibromyalgia. The resulting muscle spasms and joint inflammation have meant severe back pain for the high school student. In relieving that pain, she says, acupuncture has worked "like magic."

"Sometimes it stings a little when the needle goes in," says Clark, describing her treatments.

"Sometimes I feel nothing. And I can feel it when the needle is twisted into the right point."

The needles, which range from half an inch to two inches in length and are about the thickness of a hair, aren't a concern for the 16-year-old. "Needles don't bother me after having so many blood tests," she says.

Once the needles are in place, Clark closes her eyes. The treatment room's lights are dimmed. "After a few minutes there's no more pain. I relax or try to sleep."

"[Acupuncture] has given us a lot of hope," adds Margaret's mother, Terry. She'd watched her daughter try one drug after another in a battle

against the debilitating pain. "It's upsetting to hear from doctors over and over that 'there's nothing we can do.' Margaret is taking four classes in school this year and tutors come to our home for the others. Last year she was barely making it to two classes."

Antonio Bonnano is a musician, a guitarist. Creeping nerve and muscle damage caused by radiation and chemotherapy for Hodgkin's disease robbed him of much of the feeling in his hands and racked him with pain for more than 8 years.

"I felt like a puppet and something was pulling my strings too tightly." A music teacher, Bonnano, 40, was forced to stop performing because of the pain. "A side of my hand was numb and my fingers were weak. At first we thought it was carpal tunnel syndrome."

Acupuncture, he says, is making a difference. He's working and playing guitar again. "After about 15 treatments, I felt some things happening. I'm stronger physically and it keeps getting better. It's hard to see where sticking you with a few pins will help, but without acupuncture, my life would have been down the tubes."

Clark and Bonnano are typical of the patients Dr. Xiao-Ming Tian, known to his patients as Dr. Ming, sees as a clinical consultant on acupuncture to the CC Department of Rehabilitation Medicine. Patients in any NIH protocol are eligible for referral for the treatment. Patients seeking pain relief and stress management make up most of his current case load.

"[Practitioners of] Chinese medicine," Dr. Ming explains, "always treat the patient as a whole." That means treating a patient's stress at being disabled along with the muscle atrophy that causes a disability, for example.

Dr. Ming begins treatments by showing his patients the acupuncture needle and demonstrating the



**Margaret Clark relaxes and tries to sleep during acupuncture treatments. Here Dr. Xiao-Ming Tian initiates a treatment for pain associated with her fibromyalgia.**



**Without acupuncture, says Antonio Bonnano, receiving a treatment from Dr. Xiao-Ming Tian, "my life would have been down the tubes."**

technique. First, the skin is sterilized with alcohol. The needle is encased in a narrow tube, which serves as a guide. He presses the tube into the chosen spot and gently but firmly pushes the fine, disposable stainless steel needle into the skin.

Where and how deeply the needle is inserted depend on what effect Dr. Ming seeks. There are 361 acupuncture "points" in the body. Each point relates to a different organ system or function through 14 main energy meridians. "These meridians were very well described in traditional Chinese medicine a few thousand years ago," Dr. Ming explains. Needles work alone or in concert to produce the desired effect.

Dr. Ming twirls and deftly pumps the needle into proper position, the *ashi*—oh, yes—point. The patient will feel an ache, a fullness, a tingling, almost an



electrical sensation when the needle is in the appropriate position, he explains.

"Most people will feel relaxed and fall asleep," he says. "That's because the needles stimulate production of endorphins." He urges them to rest or meditate in the quiet and darkened treatment room.

"The endorphin theory," Dr. Ming notes, "does not explain everything concerning the efficacy of acupuncture. We need more experimental and clinical study."

The needles are left in place for 20-40 minutes, depending on the patient's condition. "The needle alone is not acupuncture," he explains. "Manipulation of the needles to regulate *Qi*—vital energy—is the key to treatment."

Acupuncture is effective in treating symptoms such as pain or stress, but Dr. Ming points out it can be just as useful in therapies for emotional, functional, and physical problems. "Acupuncture is used to treat both disorders and symptoms. It does more than make the patient feel better."

In treating musculoskeletal problems such as arthritis neuropathy, for example, "The needle's stimulation improves blood and energy circulation for patients, and that reduces inflammation."

At the Clinical Center, Dr. Ming has treated patients with neuropathy; nausea and fatigue due to chemotherapy or radiation therapy; trigeminal neuralgia; sciatica; degenerative arthritis, including herniated disc; rheumatic arthritis; sports injuries, such as tennis elbow and muscle spasms and strain; stroke; hypertension; depression; and headaches.

Acupuncture also helps the body better handle chemotherapy, radiation therapy, and surgery, he adds.

"If medicine is good, we should all use it," is Dr. Ming's philosophy of merging eastern and western ways. "And we should work to prove how and why acupuncture works."

That process Dr. Ming sees as taking another 20-30 years to accomplish. And he expects to be involved. "Gradually, more and more

## ***Harnessing, manipulating energies foundation of many Chinese treatments***

A graceful symmetry between the opposing forces of *yin* and *yang* provides the foundation for many medical treatments developed in China. Maintaining that symmetry, that balance, is the key to health.

"There must be a balance between the mind and the body," explains Dr. Xiao-Ming Tian, a clinical consultant on acupuncture at the Clinical Center.

"The body follows the orders of the mind. We ask our body to do hundreds of things at once, and the body tries. But when the body is overwhelmed and can't comply, that's when the problems come. Back and neck pain. Stress. Hypertension. We live in a high-stress society and need to know our limitations."

Medical practitioners in China have been honing techniques to achieve that balance by harnessing and manipulating internal and external energy forces for centuries.

Acupuncture, Dr. Ming's specialty, is one such technique. The premise is that imbalances in energy flow cause disease, and acupuncture is a way to create and maintain the proper symmetry.

Needles are inserted in various patterns into the series of energy pathways throughout the body and then manipulated. Manipulation of needles—usually by twirling or gentle pumping—in specific locations affect specific body organs and functions. Energy flow is increased, decreased, or redirected as needed.

Dr. Ming began his medical studies in Beijing after an elbow injury ended his career as a professional track-and-field athlete—a champion in discus throw—at 17. After pursuing specialties in orthopedics, sports medicine, pathology, acupuncture, and Chinese herbal medicine, Dr. Ming came to the United States in 1982 for a fellowship in bone pathology at Johns Hopkins.

From 1983-1988, Dr. Ming worked in NIA and NIDR conducting research on bones and joints, particularly articular cartilage. He also is an advisor on traditional medicine to the World Health Organization/Pan American Health Organization. He maintains a private acupuncture practice in Bethesda. Call his office at (301) 530-5308 for more information.

medical professionals have become interested in acupuncture and they understand and accept it more."

The recent move by the Food and Drug Administration (FDA) to classify acupuncture needles as medical devices should help even more. Thirty-five panelists participated in a workshop to evaluate acupuncture safety and efficacy sponsored in April by the NIH alternative medicine office and the FDA. "Hopefully, that will help open doors for insurance companies to reimburse for acupuncture treatments. That's a big step," he says. "Currently some insurance companies cover acupuncture. Some don't."

Another step will be when

physicians begin to integrate acupuncture therapy into a patient's treatment plan from the outset instead of as a last resort. "The patients referred to me have tried everything, so most cases are very tough. That's the challenge."

Dr. Ming's goal is to offer the health-care community insight into what acupuncture can accomplish. It's not necessary for each physician to be an acupuncturist in order to integrate the technique into medical practice, he says. "What's important is for physicians to understand how and why acupuncture works and know what can be treated with it so that patients can receive the benefits."

—by Sara Rand Byars



# Flu shots offered for CC employees

It's the flu season, and CC staffers are urged to take advantage of free immunizations offered this month in Clinic 6.

Hesitating? The hospital epidemiology service answers a few commonly asked questions about influenza and influenza immunization:

## Can I get ill from the influenza vaccine?

No. The vaccine is made from inactivated virus. The vaccine, which was poorly standardized in past years, has been improved dramatically and is now well tolerated. Most recipients have no side effects. Only a few experience a sore arm or other mild symptoms.

## Do I need the flu vaccine? Is it effective?

The Centers for Disease Control recommends influenza vaccination for all persons working in hospitals. The vaccine is also recommended for anyone with a weakened immune system, heart or lung disease, metabolic diseases, and persons over the age of 65. Influenza is spread by the respiratory route and transmission

Influenza immunizations will be offered in Clinic 6, 6C306, Oct. 11-Nov. 18.

Staffers whose last names begin with **A** or **B** can receive the shots Oct. 27, 7:30-11 a.m. and 1-3 p.m.; **C-F**, Oct. 13, 7:30-11 a.m. and 1-3 p.m.; **G-I**, Oct. 11, 7:30-11 a.m. and 1-2 p.m. and Nov. 7, 7:30-11 a.m. and 1-3 p.m.; **J-L**, Nov. 15, 7:30-11 a.m. and 1-2 p.m.; **M-O**, Oct. 25, 7:30-11 a.m. and 1-2 p.m.; **P-R**, Oct. 18, 7:30-11 a.m. and 1-2 p.m., and Nov. 9, 7:30-11 a.m. and 1-3 p.m.; **S-T**, Oct. 19, 7:30-11 a.m. and 1-3 p.m., and Nov. 1, 7:30-11 a.m. and 1-2 p.m.; and **U-Z**, Nov. 16, 7:30-11 a.m. and 1-3 p.m.

Make-up day is Nov. 16, 7:30-11 a.m. and 1-3 p.m. Vaccinations will be offered Monday and Wednesday evenings Oct. 11-Nov. 18, 5-8 p.m.

can occur easily. We are concerned about the spread of influenza to our patients and other staff. Since many patients seen here at the Clinical Center are immunocompromised, the complications from influenza may be very serious if our patients acquire influenza.

Please get immunized to protect yourself and our patients. Most years the vaccine is at least 85 percent effective.

## Why should I be immunized each year?

The strains of the influenza virus

change slightly each year and the vaccine components are altered accordingly to protect you from the current strains. Also, immunity is relatively short-lived. Last year's vaccine will likely offer little protection against this year's strains of influenza.

## Isn't it inconvenient to get the vaccine?

Not at all. Last year the Occupational Medical Service (OMS) took their vaccine program "on the road," administering influenza vaccine to more than 200 staff on various patient-care units. OMS will do that again this year.

Schedules for patient-care-unit visits will soon be posted. Influenza vaccinations will also be provided during a six-week campaign of walk-in clinics held in OMS (see box above). Evening hours will be offered on Mondays and Wednesdays.

Influenza was in the news often last year as the media warned people early that the 1993 influenza strain was associated with more severe respiratory infection. Clinical Center employees and patients missed widespread infection.

Last year, OMS set a record with over 6,400 doses of influenza vaccine administered. This helped reduce the number of cases of flu and the absenteeism among staff, experts say. Do yourself, your co-workers, your family, and the CC patients a favor this year—get your flu shot.

## Why don't we get it?

Why don't patient-care providers take the influenza vaccination? The top five reasons among CC employees:

- Didn't think the vaccine was needed (48%)
- Intended to get the vaccine, but forgot (42%)
- Felt obtaining vaccine was inconvenient (41%)
- Concerned about getting the flu from the vaccine (38%)
- Thought the vaccine was not effective (36%)

Does this surprise you? These were the most common reasons cited by CC employees who provide direct patient care and elected not to receive influenza immunization last year.

They were surveyed as part of a joint effort between the NIH Occupational Medical Service (OMS), and the Clinical Center's hospital epidemiology service.







## ***New grads***

Recent graduates of the Nutrition Department's dietetic internship program were (from left) Denise Shaffer, Regina Irons, and Joanna Arpee, the second group of students to complete the 45-week internship. Accredited by the American Dietetic Association, the program offers a variety of educational experiences at NIH and in the community. Amelia Catakis, director of nutrition, wellness, and special services for the Marriott Corporation and a member of the internship's advisory board, delivered the graduation address. Elaine Ayres, dietetic internship director, and Alberta Bourn, Nutrition Department chief, presented the certificates. Four interns joined the program last month. They are Patricia Bannan, Shanna Cozart, Jennifer Galasso, and Susan Hippchen.

## **briefs**

### ***Class focuses on Total Quality Management***

Want to learn more about the QT process? Sign up for the class "Quality: You Make the Difference." It's designed to introduce new employees to total quality management and customer service and serves as a refresher for current workers.

The class, offered Oct. 14, Nov. 10, and Dec. 9, will meet 8:15 a.m.-4:30 p.m. For more information, call Rona Buchbinder at 496-6219.

### ***Fire safety program spotlights detector testing***

Stop by the Clinical Center's front lobby Oct. 13, 11 a.m.-2 p.m., for fire safety displays, brochures, videos, and a look at Sparky the Fire Dog.

The observance is part of Fire Prevention Week at NIH Oct. 9-15. Theme for this year's event is "Test Your Detector for Life." Most fatal fires occur in the home, and that's why working smoke detectors are crucial. Smoke detectors should be tested monthly, and battery-operated detectors need new batteries installed at least once a year.

Fire Prevention Week, featuring campus exhibits hosted by the emergency management branch, Division of Safety, is designed to help NIH employees learn more about fire safety at home and at work. Stop by the exhibits for raffle tickets for smoke detectors, fire extinguishers, and other home fire-safety items.

### ***Education and training section sets classes***

The following courses sponsored by the education and training section, Office of Human Resources Management, are on tap for November:

•**Interviewing Techniques.** This course will help you develop the skills necessary to make wise hiring decisions. Participants will be able to analyze, develop, and practice their personal interviewing style. Nov. 2-3, 8:30 a.m.-4:30 p.m., 1N248.

•**QTRC Hosts Program.** These monthly seminars focus on developing skills in managing quality improvement efforts and enhancing your knowledge of the QT process. Watch for fliers announcing the topic.

Nov. 2, 8:30-9:30 a.m., 2C116; Nov. 8, 3-4 p.m., 2C310; and Nov. 29, 12:30-1:30 p.m., room 2C116.

•**How to Manage Your Meetings.** This course will cover methods for conducting more productive and efficient meetings. Nov. 8, 8:30 a.m.-4:30 p.m., 1N248.

For details on these and other programs, call 496-1618.

### ***Costumes optional in Oct. 29 Pumpkin Chase***

Come in costume or come as you are, but don't miss the third annual Great Pumpkin Chase 5K Run to benefit the Friends of the Clinical Center at NIH. The run will take place Saturday, Oct. 29, at 9 a.m. The race starts at NIH parking lot 41 and the course follows the campus perimeter.

Radio personalities from WBIG 100.3 will host the event. Prizes will be awarded in several categories, and all participants will receive a T-shirt.

Registration fee is \$12 before Oct. 21. After that, it's \$15. Race applications can be picked up at any R&W Store.

For more information, call the R&W Office at 496-6061.



## Auction yields

Al Rexroad, special events section chief, hands over a check for \$10,000 to Adrienne Farrar, Social Work Department chief, to benefit the Patient Emergency Fund.

Rexroad chaired last spring's Patient Emergency Fund Auction sponsored by the Friends of the Clinical Center and the R&W Association. The popular annual benefit features a live auction, white elephant and bake sales, and a cash raffle.



## o c t o b e r

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**Medicine for the Public**  
7 p.m.

**Masur Auditorium**  
*The Rise and Fall of Posttransfusion Hepatitis*, Harvey Alter, M.D., CC

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**Grand Rounds**  
noon-1 p.m.

**Lipsett Amphitheater**  
*Assessment of Renal Function with Magnetic Resonance*, Peter Choyke, M.D., Henry M. Jackson Foundation at the Clinical Center; *Things Are Seldom What They Seem: Neuroendocrine and Body Composition Differences in African Americans and Caucasians*, Jack Yanovski, M.D., Ph.D., NICHD.

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**Medicine for the Public**  
7 p.m.

**Masur Auditorium**  
*Ulcers: Diagnosis and Treatment*, Frank Hamilton, M.D., NIDDK

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**Wednesday Afternoon Lecture**  
3 p.m.

**Masur Auditorium**  
*The Parallel Beta Helices of Pectate Lyases and Implications for Infectious Agents*, Frances Jurnak, Ph.D., University of California, Riverside

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**Grand Rounds**  
noon-1 p.m.

**Lipsett Amphitheater**  
*The Magic Bullet: Arming Monoclonal Antibodies with Radionuclides:*

•*Radiometal Chelate-Conjugated Monoclonal Antibodies*, Otto Gansow, Ph.D., NCI

•*Leukemia, Autoimmune Disorders, and Graft-Versus-Host Disease: Novel Monoclonal Antibody Therapy*, Thomas Waldmann, M.D., NCI

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**Medicine for the Public**  
7 p.m.

**Masur Auditorium**  
*Shingles: Another Pox on Us*, Stephen Straus, M.D., NIAID

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**Grand Rounds**  
noon-1 p.m.

**Lipsett Amphitheater**  
*The NMDA Receptor and the Amplification of Pain*, Ronald Dubner, D.D.S., Ph.D., NIDR; *NMDA Receptor Antagonists: Effects on Experimental and Chronic Pain in Humans*, Mitchell Max, M.D., NIDR; *PET Studies of Experimental and Chronic Pain*, Michael Iadarola, Ph.D., NIDR

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**Medicine for the Public**  
7 p.m.

**Masur Auditorium**  
*Viruses: The Good, the Bad, and the Ugly*, Philip Murphy, M.D., NIAID

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**Clinical Staff Conference**  
noon-1:30 p.m.

**Lipsett Amphitheater**  
*Chemotherapy of Advanced Stage Ovarian Cancer*, Eddie Reed, M.D., NCI, moderator

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**Margaret Pittman Lecture**  
3 p.m.

**Masur Auditorium**  
*New Frontiers in Reproductive Biology and Contraceptive Vaccines*, Bonnie S. Dunbar, Ph.D., Baylor College of Medicine

### Coming in November . . .

1

**Medicine for the Public**  
7 p.m.

**Masur Auditorium**  
*Reading Our Own Blueprint: The Human Genome Project*, Francis S. Collins, M.D., National Center for Human Genome Research